0740-80

COMPLETE IF KNOWN

19 May 2005

Volker BRASS

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DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION

(37 CFR 1.63)

OR

□ Declaration

Submitted

With Initial

■ Declaration

Submitted after Initial

Filing (surcharge

Attorney Docket Number

First Named Inventor

Application Number

Filing Date

Group Art Unit

	Filing	(37 CFR 1.16 (e))								
		required)	Examiner Name							
			·							
	As a below named inventor, I hereby declare that:									
	My residence, post office address, and citizenship are as stated below next to my name.									
	believe am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
	ADDITIONAL INFORMATION FOR VOICE GROUP CALL SERVICE									
	the specification of which (Title of the Invention)									
	☐ is attached hereto OR									
	was filed on (MM/DD	///// 11/19/2004	as United States Ap	plication Number o	r PCT Internationa	1				
Application Number PCT/EP 2004/013159 and was amended on (MM/DD/YYYY) (if applicable).										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended										
•	ecifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Foreign Filing Date Priority Certified Copy A				Attached?						
	Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO				
	EP 03026786.8	Germany	11/21/2003			\boxtimes				
	PCT/EP2004/013159	PCT	11/19/2004			\boxtimes				
	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Customer Numb or Bar Code Lab		00616		OR	Correspondence address below	
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City		State			Z	P	
Country			Teleph	one		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST	INVENTOR:	A petiti	on has	been f	iled for th	nis unsigned inventor	
				Family Name BRASS or Surname			
Inventor's Signature		Date					
Bonn				Germa	any	German	
Residence: City		State		Count	try	Citizenship	
Dornierstr. 5							
Mailing Address							
Bonn				D-531	25	Germany	
City		State		Zip		Country	
NAME OF SECOND INVEN	TOR: Ap	etition has be	een file	d for th	is unsigr	ned inventor	
Given Name W (first and middle [if any])	/alter			ily Nam urname		THE	
Inventor's Signature			_		Date		
Köln				Germa	any	German	
Residence: City		State		Count	try	Citizenship	
Ewaldistr. 5							
Mailing Address							
Köln				D-506	70	Germany	
City		State		Zip		Country	
Additional inventors are bei	ng named on the	supplemental	Addition	al Invento	or(s) sheet(s) PTO/SB/02A attached hereto.	

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DECLARATION		ADDITION	NAL INVENTOR(S) tal Sheet	Pag	10 03 of 03
	1				
Name of Additional Joint Inventor, if any	y:	A petit	ion has been filed for this	unsigned	inventor
Given Name (first and middle (if any)	Family Name or Sumame				
Thomas		SIEREDZKI			
Inventor's Signature				Date	
Bonn Residence: City	State		Germany Country	Germa Citize	an enship
In der Dahlbitze 5 Mailing Address					
Bonn City	State		D-53227 Zip	Germany Country	
Name of Additional Joint Inventor, if any		A petit	ion has been filed for this		<u>-</u>
Given Name (first and middle (if any))	Family Name or Sumame			
Inventor's Signature				Date	
Residence: City	State		Country		Citizenship
Mailing Address					
		· .			
City	State		Zip	Coun	try
Name of Additional Joint Inventor, if any	A petit	A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))	Family Name or Surname				
Inventor's Signature				Date	
Residence: City	State		Country		Citizenship
Mailing Address					
Maining Address					
City	State		Zip .	Coun	try

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	Filadori diness it displays a valid Otto Coridor Italia		
Filing Date			
First Named Inventor	Volker BRASS		
Title	ADDITIONAL INFORMATION	·	
Art Unit			
Examiner Name			
Attorney Docket Number	0740-80		

I hereby revoke a	I hereby revoke all previous powers of attorney given in the above-identified application.						
I hereby appoint:							
Practitioners as	ssociated with the Customer Number:	00	616				
OR	l						
Practitioner(s) r	named below:						
	Name		Registration Number	r			
							
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Applicant/Inv	entor.						
	record of the entire interest. See 37 CFR nder 37 CFR 3.73(b) is enclosed. (Form						
SIGNATURE of Applicant or Assignee of Record							
Signature			Date				
Name			Telephone				
Title and Company	<u> </u>	T-Mobile Deutschland	GmbH				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
Total of	forms are submitted.						

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